24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y
Full Name of Payee Strategic Impact	Date of Public Distribution/Dissemination 05 22 2014
Mailing Address 1890 Star Shoot Parkway #17-250	Amount
City State Zip Code Lexington KY 40509	15640.00 Transaction ID: 12478701 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail TX-36 Category/ Type 003	Man / Dab / Yayayay
Name of Federal Candidate Mr. Brian Babin Oppose Office	e Sought: X House District: 36 President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M M / D D / Y Y Y Y Y
Name of Federal Candidate Support Offic Oppose	e Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	15640.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	15640.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Dr. Douglas Hadnot [Electronically Filed] Date	D 22 / Y 2014